## OFFICE USE ONLY STATE OF FLORIDA APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES** (Section 106.021(1), F.S.) (PLEASE TYPE) **CHECK APPROPRIATE BOX:** Secondary Depository Reappointment of Treasurer Deputy Treasurer Original Appointment 1. Address (include post office box or street, city, state, zip code) Name of Candidate 1500 Bay Rd- \*914 imon Cruz 3. Office (add district, circuit, group number) Telephone (optional) 2. Party (Partisan candidates only) Ylaut Deputy Treasurer Campaign Treasurer I have appointed the following person to act as my 4. Name of Treasurer or Deputy Treasurer Mariana 6. Telephone 5. Mailing Address (If post office box or drawer add street address) 1500 9. State 10. Zip Code 7. City miami Secondary Depository **Primary Depository** I have designated the following named bank as my 12. Street Address 11. Name of Bank 16. Zip Code 15. State 13. City 14. County Date Signature of Candidate 19.06 Campaign Treasurer's Acceptance of Appointment , do hereby accept the appointment as (Please Print or Type) for the campaign of Deputy Treasurer Campaign Treasurer candidate to the office of who is seeking nomination or election as a . As a duly registered voter in County, Florida, I am qualified to accept this appointment. UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING CAMPAIGN TREASURER'S ACCEPTANCE OF APPOINTMENT AND THAT THE FACTS STATED ARE TRUE. Signature of Campaign Treasurer or Deputy Treasurer